U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

manufle confict from					
1. File Number U - 69/	2. Fiscal Year Covered From:				
·	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Paul W Lenkowski	Name IABSO&R Iron Workers Local Union 399				
	Labor Organization File Number 034-927				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 5 Starling Court	Street 409 Crown Point Road				
City Thorofare	City Westville				
State New Jersey ZIP Code + 4 08086	State New Jersey ZIP Code + 4 08093-1359				
5. Position in labor organization. Buisness Representative					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street Street	7.b. Amount.				
	/.b. Amount.				
Street City	/.b. Amount.				
	7.b. Amount.				
City					
City State ZIP Code + 4	ture Terjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the				
State ZIP Code + 4 Signa 15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany)	ture Terjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the				
State Signa Signa 15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the sec	ture erjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the iton on penalties in the instructions.)				

Name of Person Filing Paul Lenkowski	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise				
8. Name and address of Business (including trade name, if any). Name Tron Workers Local 399 Annuity Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 409 Crown Point Road City Westville State New Jersey ZIP Code + 4 08093-1359	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	appara provincia a salarima da suca dilang provinci o profi			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Annuity benefit for union members				
Street [1747 1747 Aug 154 1747	11.b. Approximate dollar value of such dealing.	\$2,000,000			
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	Luncheons and dinners at business meeting	9			
	12.b. Amount.	\$150			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	**************************************			
Name Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	**			

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Name	of Person	Filina	Paul	Lenkowski

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	9. Business deals with:		
8. Name and address of Business (including trade name, if any).	o, business dedis with.		
Name Iron Workers Local 399 Apprenticeship Fund	a. Labor Organization		
Trade Name, if any:	a. Labor Organization		
be of positive or his work and the contractive or his province on the contractive of the	b. Trust		
P.O. Box, Bldg., Room No., if any	ERLE		
Street 409 Crown Point Road	c. Employer		
City Westville			
State New Jersey ZIP Code + 4 08093-1359			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Training of individuals on work an classifications covered by Collections	nd in job tive Bargaining	
Trade Name, if any:	Agreements		
Accommendation of the Control of the			
P.O. Box, Bldg., Room No., if any			
Street			
City			
The second of th		each parts was a summary and the company of the com	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$225,000	
	12.a. Nature of interest held or income received.		
	Luncheons and dinners at business	meetings	
	12.b. Amount.	\$225	